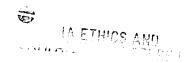
File with: lowa Ethics and Campaign

Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

2009 JAN -9 AM IN: NA

		PIN 2 HIT IU:	11)-2
COMMITTEE NAME (Must be same as on Statement of Organ	nization)		
HOSART SON SUPERVISO	a	FORM	······································
IMPORTANT: Indicate by # type of committee you are reporting for:		DR-2	SCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2 (4) County Central Committee (5) County Candidate (6) City Candidate	ato / 7 School Board or Other Deliving	(Rev. 12/2005) RI	EPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Bo	pard or Other Political Subdivision PAC	For Office Use Only	
CANDIDATE COMMITTEES ONLY:		Comm. #	3353
Candidate Name	Political Party (if applicable)	Logged In Z	
VELMAR & HOBART	DEMOCRATIC	Scanned	
Courty Supervisor	District (if Senate or House)	Computer	
Courty ocher visor			
Late reports are subject to possible civil and criminal penalties. Purs	uant to lowa Code section 68B.32A(7)) the candidate for a candidate	's committee
and the chairperson, for any other type of committee, is the individual	il responsible for filing timely and accu	urate reports.	s commuee,
Jehnan E Hobaut	515-462-1778	7-3-07	
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE SIGNE	D
I AM FILING A	REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR.	
(report date)	Indicate by #	l F	
☐CHECK IF AMENDMENT TO REPORT DATED		ocal Committees, enter Date of E	Inchian
Chack if this is final (Association)	1	oda committees, enter date of E	IBCHOH
Check if this is final (termination) report and attach Notice of C (You must continue to file reports until a DR-3 is filed.)	C	ounty & Local Committees, enter	County in
en e	W	hich Election is held	
STATEMENT OF CASH ON HAND		er var en er	
CASH ON HAND at the beginning of the reporting period. (Total	of all funds held by the		a ·
committee. This amount MUST be the same as the cas of the last reporting period or must be zero if this is first	report filed.)	s 424°	97
ADD TOTAL MONEY TAKEN IN THIS PERIOD	, , , , , , , , , , , , , , , , , , ,	<u>424°</u> <u>848</u> °	0
Schedule A: Cash Contributions total (Attach Schedule	A) (*also see in-kind below)	848°	0
Schedule F: Loans Received total (Attach Schedule F).			
Schedule H: Total Sales of Campaign Property (Attach			
(Schedule H applies to Candidates' Commit	tees Only)		17
	SUB-TOTAL	s/272	7 —
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	•	•	17
Schedule B: Expenditures total (Attach Schedule B) (**a			2
Schedule F: Loan Repayments total (Attach Schedule F	-)		
CASH ON HAND at the end of this reporting period (if final report	balance must be zero)	s <u> </u>	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		¢	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule			
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F			9
CONSULTANT BREAKDOWN (Schedule G Attached?)		AES TO	1//
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach S	Schedule H)		
STATE COMMITTEES: Submit a reconciled campaign account b	·	7/	

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Mu	st be sam	me as on Statement of Organization)
/\ /\ /\	_	
Hospan	Lor	Supervison
1 2 1) 1 1 2		

SCHEDULE	
A	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)		RAISER INCOME
	NUMBER ID#	Chara Augus			INCOME
_		JERRY AYERS 2531 WINDWOOD AUE		ص ۽ \$	
16-20-08	CK#	St Charles 14 50246		\$4000	
	ID#	DIANE SAWYERS			
	CK#	DIANE SAWYERS 1667 195 Th ST		10000	,
10-23-08		winterset IA 50273		100	
	ID#	tom G: 4, m polo 4401 67th, st			
10 0-08	CK#			10000	
10-25-08	ID#	URBANDALE TA 50322		700	
		44mes Ross 2802 235Thst		4 0	
10-25-08	CK#	Stcharles Town 50240		50°°	
	ID#				
	CK#	Le Roy SullER 310 W.W Poplar		_ 00	
1026.08		SURPHAM DOWN 50072		20°0	
	ID#	TES BENShood,			
10-26-08	CK#	1931 QUAIL RIGGE AUE		2000	
10 26 00	ID#	winterset Down		200	
		VERNE CKABBS		ا ا	
10-26-08	CK#	POBOX 419 EARTHAN DOWA 50072		35-00	
	ID#	DENNIS KELL			
0	CK#	2938 1817 st		هم در	
10.26.08	O(A)	WINTERSET TOWN 50273		10000	
	ID#	TREUCE WHITE			
16 2/ 8	CK#	3075 ZOOTH TRI		10000	
10.77.00	104	PROTE TOWN SOLLY			
	ID#	DEIMAR HOBART 1991, WILLINGSE AUC	(Lesous)	103	
10.21.08 11-5.08	CK#	Prole Down 50229	20005	103	
<u> </u>		I TOOK FOUND STOCK	SUB-TOTAL		

TOTAL (if last page of this schedule)

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

П	CHECK THIS BOX IF
	AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
11.5.08	CK#	the Exchange	Ads	\$ 343 3Z
11-12:08	CK#	the shopper	Ads	42903
11-14-08	CK#	winderset madisonia	N Ads	26081
il. Zo.08	ID# CK#	ZAR/ham Advocate	Ads	16275
	ID#			
11-24-08		State of Down	SINE	50 °c
	ID#			
11-29-08		the Exchange	Ad	ZZ 05-
	ID#		in the second of	
12-18-08	CK#	the ShoppeR	Dd	2385
	ID#	, ,		
1-5.09	CK#	posterson methodist dur	h Donation	1036
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 1272 12

THIS BOX APPLIES	TO:	CANDIDATES'	COMMITTEES	ONLY:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of	I